

Health Department Restaurant Inspection Violations 09/08/2016

Column Name	Description	Format/Example Data
Encounter	Identifier for distinct inspection	NUMBER (12)
ID	Identifier for distinct restaurant	NUMBER (12)
Placard St	Color rating indicator	1 = Green, 2 = Yellow, 3 = Red
Facility Name	Name of facility	VARCHAR
Bus St Date	Business start date	MM/DD/YYYY
Description	Type of facility	e.g. Restaurant with Liquor, Church Kitchen, etc.
NUM	Street number of facility	VARCHAR
Street	Street address of facility	VARCHAR
State	State of the facility	PA
ZIP	Zip code of the city	CHAR
Inspect Dt	Date of inspection	MM/DD/YYYY
Start Time	Start time of inspection	HH:MM AM/PM
End Time	End time of inspection	HH:MM AM/PM
Description New	Violation category	e.g. Cross-Contamination Prevention, Toxic Items, etc.
Rating	'V' indicates a violation	V
LOW	Indicates a low risk violation	T/F
Medium	Indicates a medium risk violation	T/F
High	Indicates a high risk violation	T/F
URL	Link to the full inspection report online	web url